

Name
in
Full

Nannie Bailer

CERTIFICATE OF DEATH

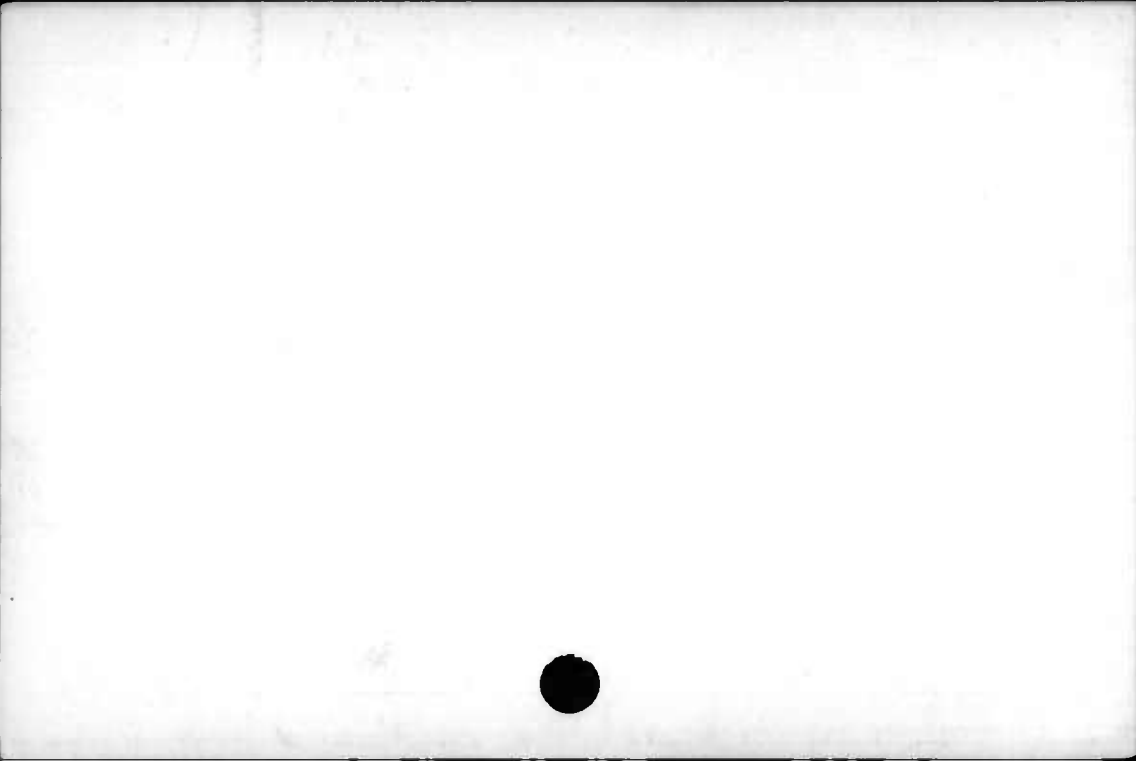
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Denton</u> ^{Town}		<u>Caroline</u> ^{County}		MARYLAND	
Date of death <u>1903</u>	<u>12</u> ^{Month}	<u>15</u> ^{Day}	<u>25</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Maryland</u>			
Occupation <u>House-wife</u>	Where Residing if not at place of death				
Married, Single <u>Single</u>	Married ^{Wife or} <u>Charles Bailer</u>				
Father's Name <u>Alex Maynard</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Dorcas Chester V.</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving Information <u>F. H. Cook</u>	How related to deceased <u>Not related</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute Consumption</u>	How long <u>3 Months</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>O. P. Mansfield M.D.</u>
	Address <u>Denton Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Sister Mary Catharina Betz.

CERTIFICATE OF DEATH

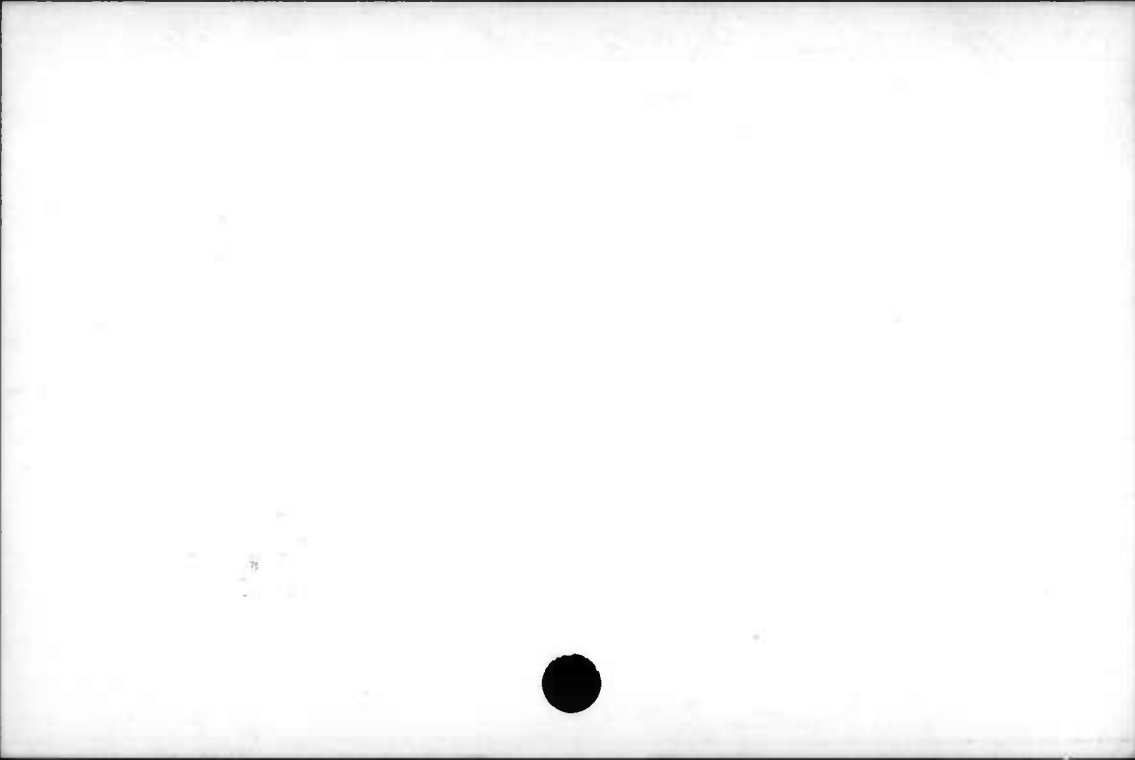
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Ridgeley		^{County} Carroll		MARYLAND	
Date of death	1903	Month	12	Day	23
Age		Years	22	Months	6
Sex		Male	Color or Race	White	Birth-place
Occupation		Religious		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband		—	
Father's Name		Peter Betz		Father's Birthplace	
Mother's Maiden Name		Gertrude Schilling		Mother's Birthplace	
Name of person giving Information		Dr. D. D. Stone		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		D. D. Stone	
Address		Ridgeley	
Accident or Suicide?		Maryland	



Name
in
Full

William H. Bickling

CERTIFICATE OF DEATH

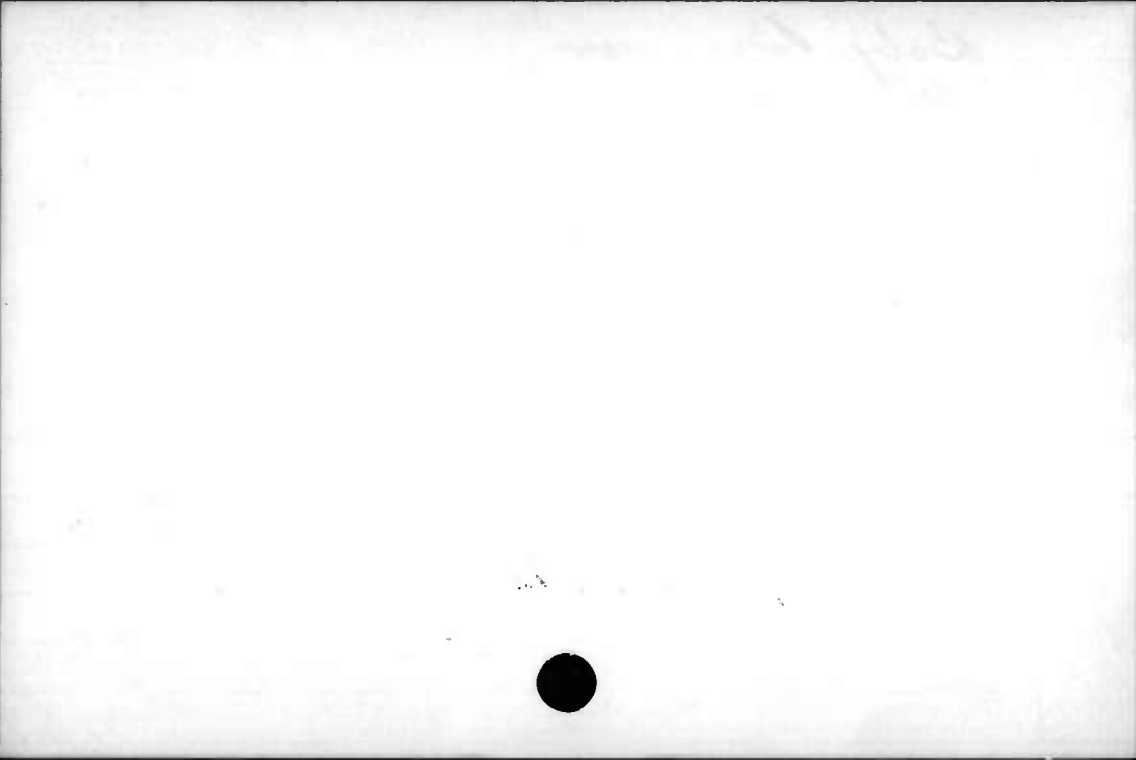
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Free Henderson</u> <small>Town</small>		<u>Caroline</u> <small>County</small>		MARYLAND	
Date of death <u>1903</u>	Month <u>12</u>	Day <u>12</u>	Age <u>64</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Maryland</u>		
Occupation <u>Farmer</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Elizabeth Whitby</u>				
Father's Name <u>William Bickling</u>	Father's Birthplace <u>Virginia</u>				
Mother's Maiden Name <u>unknown</u>	Mother's Birthplace <u>unknown</u>				
Name of person giving Information <u>Leo P. Orr</u>			How related to deceased <u>Son-in-law</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Bright disease</u>	How long <u>70</u>
Immediate <u>diarrhea</u>	How long <u>3 wks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Jas. E. Gentry</u>
	Address <u>Templeville</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

Baby Brown (Bastard)

CERTIFICATE OF DEATH

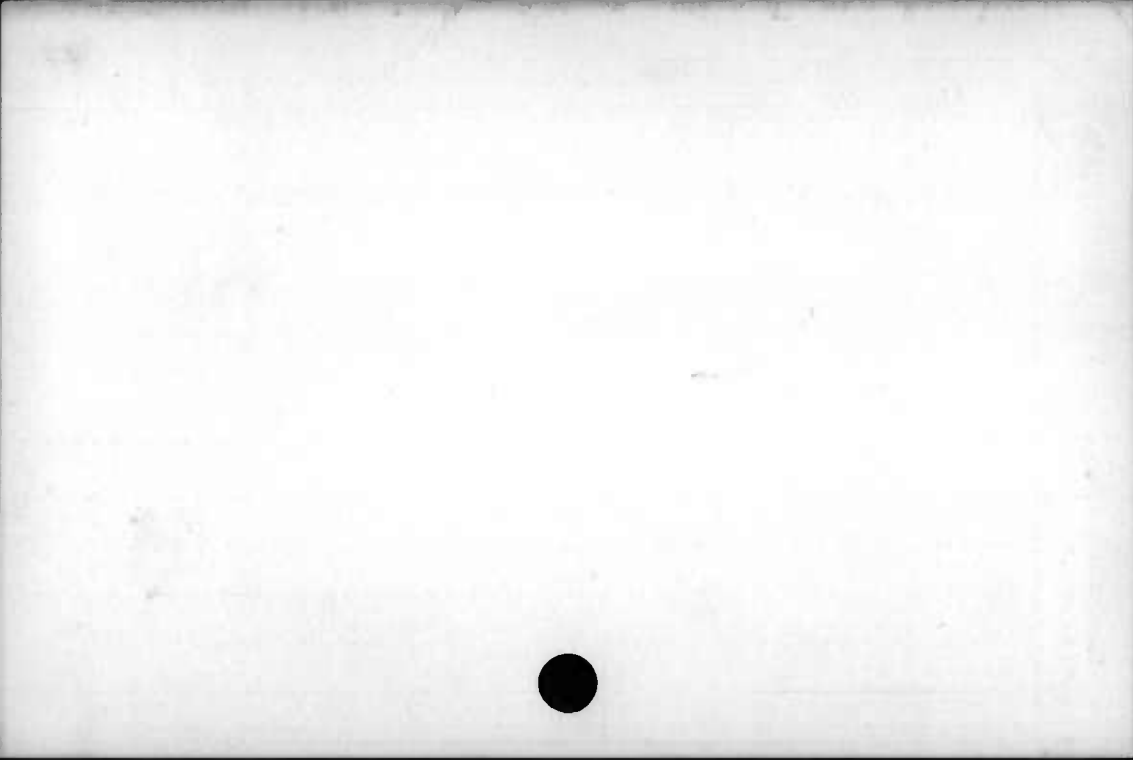
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hillsboro</u> <small>Town</small>		<u>Conroe</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	<u>12</u> <small>Month</small>	<u>18</u> <small>Day</small>	<u> </u> <small>Years</small>	<u> </u> <small>Months</small>	<u>2</u> <small>Days</small>
Sex <u>Boy</u>	Color or Race <u>Colored</u>		Birth-place <u> </u>		
Married, Single or Widowed <u> </u>			Occupation <u> </u>		
Name of Wife or Husband <u> </u>					
Father's Name <u>Willie Nicals</u>			Father's Birthplace <u>Ind.</u>		
Mother's Maiden Name <u>Wilmina Brown</u>			Mother's Birthplace <u>Ind.</u>		
Name of person giving information <u>Lallie Brown</u>			How related to deceased <u>Grand mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Asthma</u>	How long <u>2 days</u>
Immediate <u> </u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>D. J. Black</u>
	Address <u>Green Anna</u>
	<u>Ind.</u>
Accident or Suicide? <u> </u>	



Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Male

Dec. 27.

Age

9 years

Maryland

~~Female~~~~White~~~~Married~~~~Widow~~~~Divorced~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

E. D. Cephas

Mother's

Name

E. D. Cephas

Cause of

Primary

Death

Immediate

How long sick

Convulsions

Accident, Suicide, Homicide

Reported by

Dr. Able Hardcastle

Address

Denton, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85068



Certificate of Death

Died at

Date 19/3

Male

Husband of

Wife

Father's

Name _____

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MARYLAND

Occupation

Age

Wider

Widower

Diversad

~~Number of children living~~

Mother's

Name _____

Primary

Immediate

How long sick

~~Accident Suicide Homicide~~

J. L. Noble M.D.
Bristol

Princeton Md.

LIBRARY OF CONGRESS, 73009



Name
in
Full

Edwards Elliott

CERTIFICATE OF DEATH

Died at Denton ^{Town}

County

Caroline

MARYLAND

Date

of death 1903

Month

12

Day

11

Years

Age

78

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Del

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information

Caleb Elliott

How related
to deceased

Son

CAUSES OF DEATH

Primary

Heart Failure

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

J. N. McLeod M.D.

Address

Denton Md

Died Sudden

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Sarah Ann Flukarty

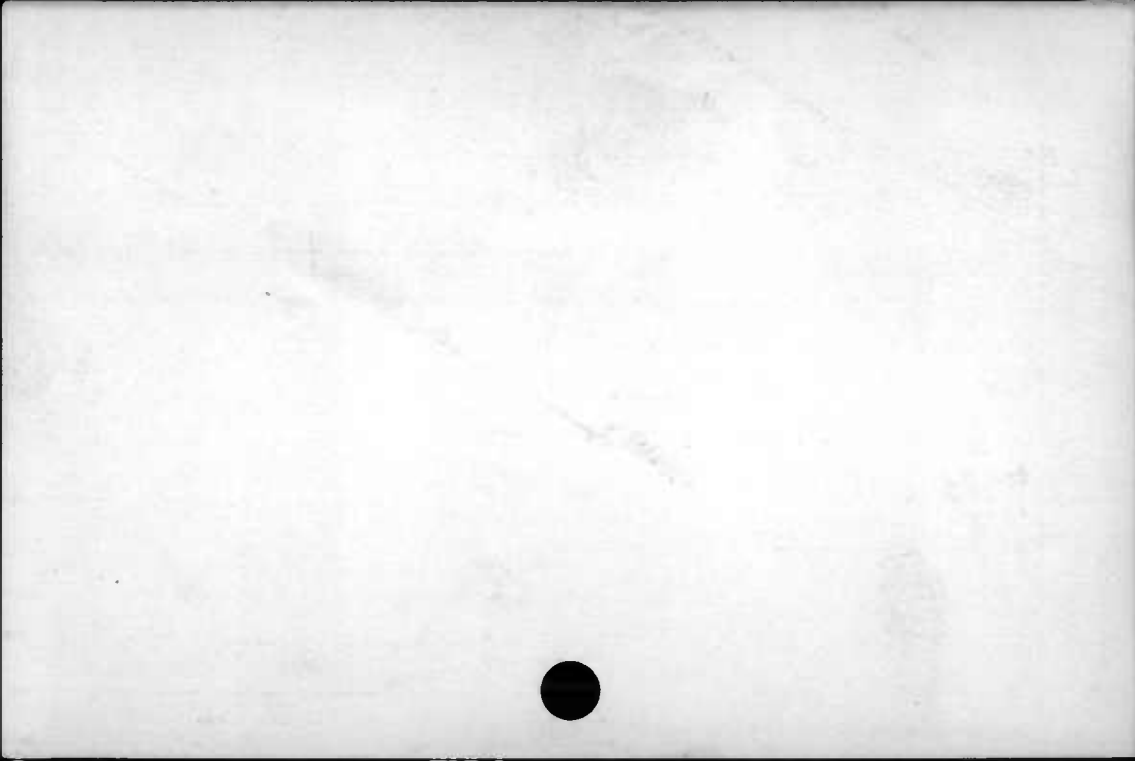
CERTIFICATE OF DEATH

Died at <u>Concord</u> <small>Town</small>		<u>Caroline</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	<u>One</u> <small>Month</small>	<u>30</u> <small>Day</small>	Age <u>68</u> <small>Years</small>	<u>0</u> <small>Months</small>	<u>27</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Md</u>		
Married, Single or Widowed			Occupation <u>Housewife</u>		
Name of Wife or Husband <u>John Flukarty</u>					
Father's Name			Father's Birthplace <u>93</u>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information <u>Frank Flukarty</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

Primary <u>Pneumonia</u>	How long <u>7 days</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>They are</u>	Signature of Physician
	Address <u>Jas. H. Ward.</u> <u>Anderson Town</u>
Accident? <u>Yes</u> Suicide?	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR ~~CORNER~~



Name In Full

Certificate of Death

Died at

Date 19

~~Husband~~ of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

Mary Ann Gool new chapel 17.

Town

County

MARYLAND

Died at Taneyard Caroline

Month

Day

Y

M.

D.

Native of

Occupation

Date 1903 Dec 13

Age 60

Md.

Housewife

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

3

~~Husband~~ of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

John W. Gool
Maiden Name
Don't know
How long sick 3 mo.
Valvular Disease of Heart
J. L. Noble M.D.
Preston Md



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jacob. Kalinis

Died at Denton TownCaroline County

MARYLAND

Date
of death 1903

Month

12

Day

10

Years

Age 19

Months

Days

Sex

MaleColor or
RaceBlackBirth-
placeDenton

Occupation

LabourerWhere Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name Father's
BirthplaceMother's
Maiden NameAnnie KalinisMother's
BirthplaceDentonName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Pneumonia

How long

5 days

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
PhysicianJ. H. Nichols, M.D.

Address

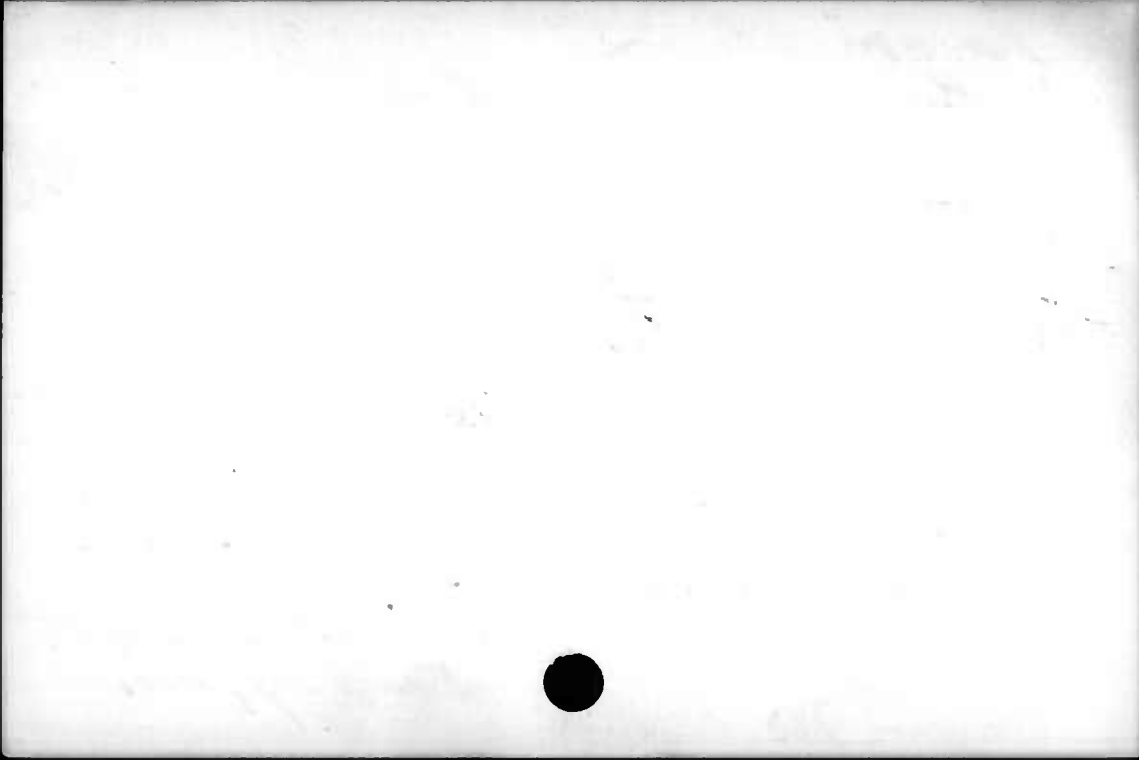
DentonInd

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		Blyden Jones				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Denton Town		Compton County		MARYLAND
	Date of death	1903	Month	12	Day	24	Age
					Years	20	Months
					Days		
	Sex	Male		Color or Race	Black		Birth-place
					Denton		
	Occupation	Waiter		Where Residing if not at place of death			
PHYSICIAN OR CORONER	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		George Jones				Father's Birthplace
	Mother's Maiden Name						Mother's Birthplace
Name of person giving Information						How related to deceased	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Tuberculosis of Lungs				How long
	Immediate		Congestion				How long
	Are the name, age, sex, color, date and place correctly given above?						
		Signature of Physician				J. N. Nichols M.D.	
		Address				Denton	
Accident or Suicide?							



Name
in
Full

Raymon Kilson

CERTIFICATE OF DEATH

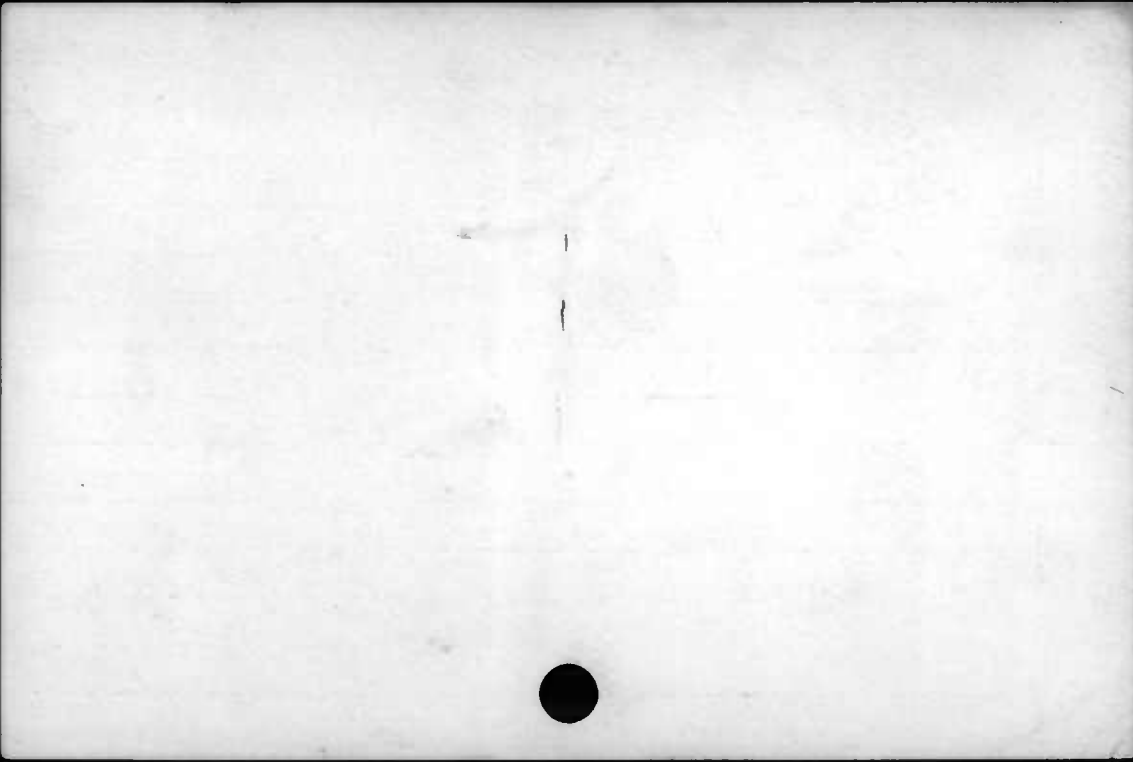
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ridgely</u> Town		<u>Caroline</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>12</u>	Day <u>29</u>	Age <u>—</u> Years	Months <u>5</u>	Days <u>26</u>
Sex <u>male</u>	Color or Race <u>Black</u>		Birth-place <u>Ridgely, Md.</u>		
<u>Single</u>			Occupation <u>Insurer</u>		
<u>Father Albert - Kilson</u>					
Father's Name <u>Albert - Kilson</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Marie Allen</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>Father Child</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>Ten days</u>
Immediate <u>went there</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. W. Dickman, Jr.</u>
<u>—</u>	Address <u>Ridgely, Md.</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

Ruth Mitchell

CERTIFICATE OF DEATH

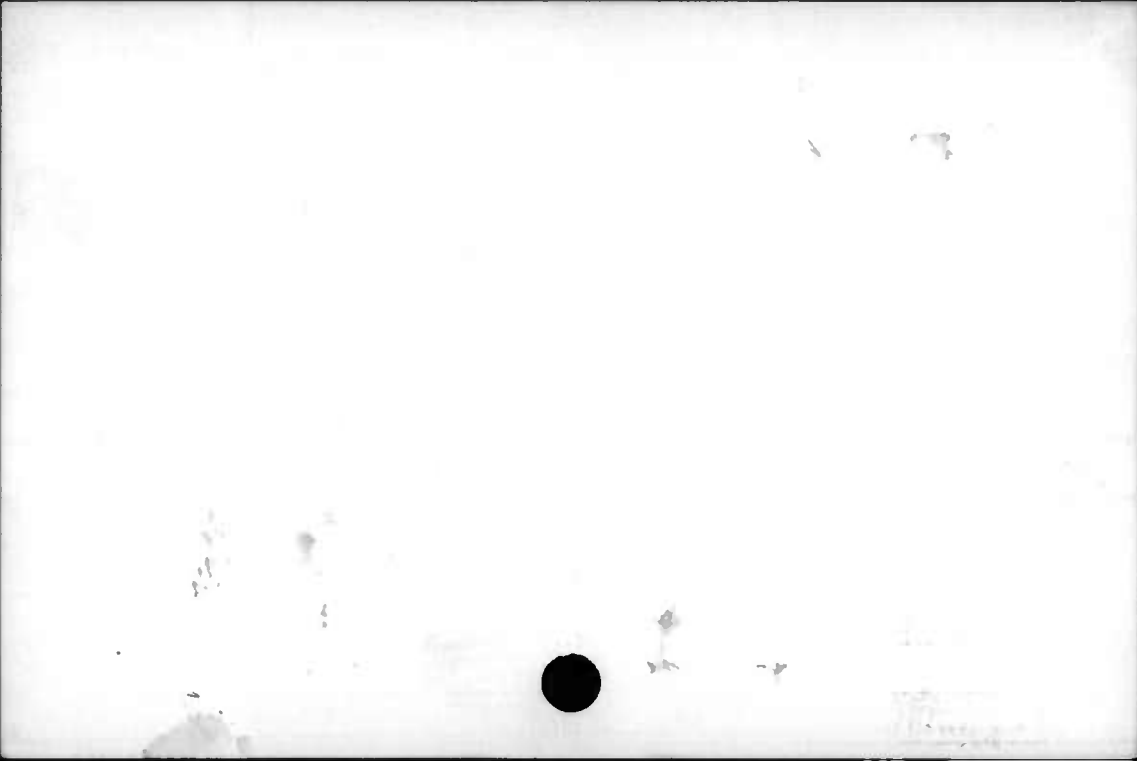
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Audubon town</i>		County <i>Caroline</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Dec</i>	Day <i>28</i>	Age <i>1 1/2</i>	Months <i>11</i>	Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Near Audubon town</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>Audubon town</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Frank Mitchell</i>	Father's Birthplace <i>Phila Pa</i>				
Mother's Maiden Name <i>Martha Mitchell</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving Information <i>P G Nuttle</i>	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 days</i>
Immediate <i>Same</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>P R Fisher</i>
	Address <i>Denton Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Ethel Morgan

CERTIFICATE OF DEATH

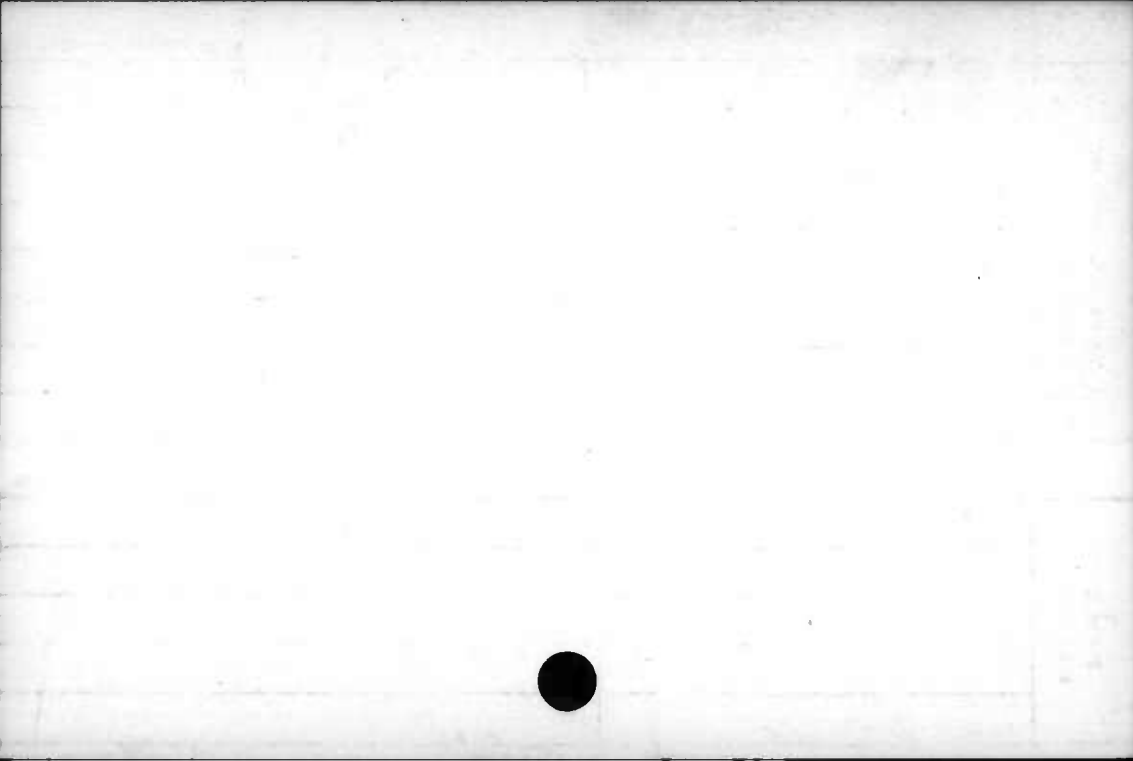
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Burrsville		County Caroline		MARYLAND	
Date of death 1903		Month DEC	Day 21	Age 2		Months 11	Days 27
Sex Female		Color or Race White		Birth- place Caroline Co			
Married, Single or Widowed Single				Occupation			
Name of Wife or Husband							
Father's Name Flemington Morgan				Father's Birthplace Caroline Co			
Mother's Maiden Name Minnie Harris				Mother's Birthplace 41			
Name of person giving In formation Huffman				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Croup	How long 3 days
Immediate 4	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Huffman
	Address
Accident or Suicide?	



Name
in
Full

Class E Morris

CERTIFICATE OF DEATH

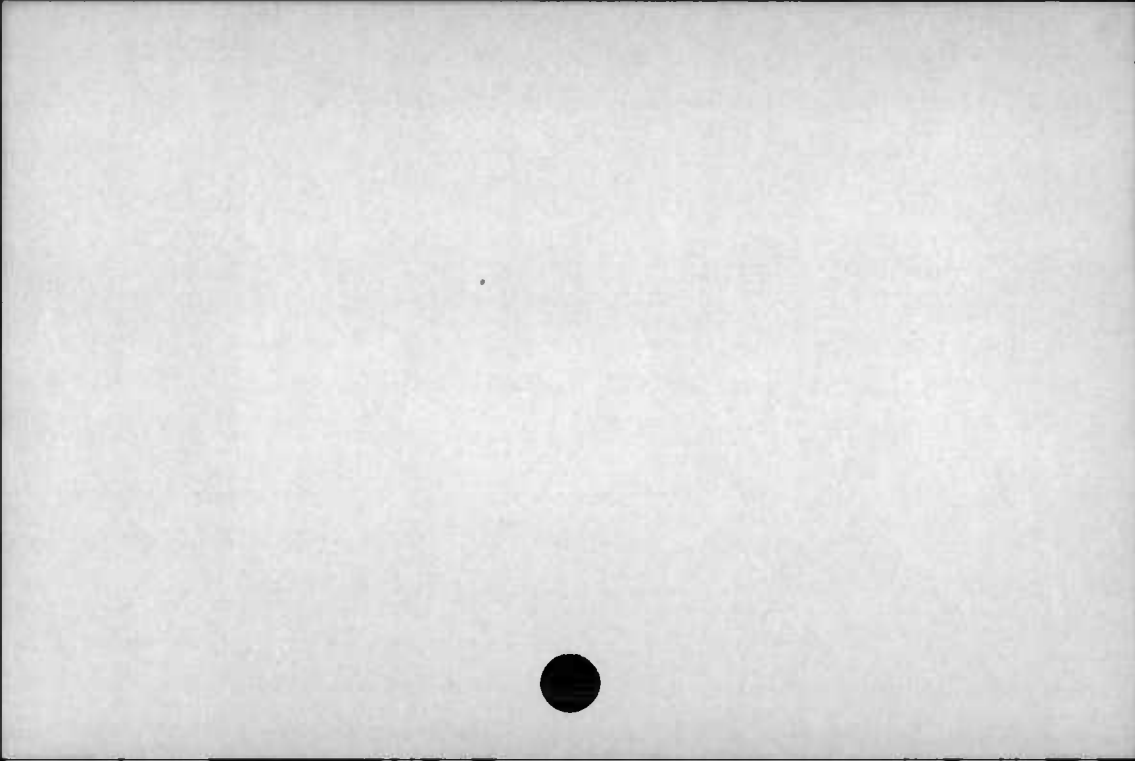
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Calasbord</i>		Town <i>Calasbord</i>		County <i>Calasbord</i>		MARYLAND	
Date of death	<i>1903</i>	Month	<i>Dec.</i>	Day	<i>6th</i>	Years	<i>14</i>
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Birth-place	<i>near Calasbord</i>		
Occupation	<i>School girl</i>			Where Residing if not at place of death	<i>Lived at home</i>		
Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband	<i>—</i>		
Father's Name	<i>J. Holliday Morris</i>				Father's Birthplace	<i>State,</i>	
Mother's Maiden Name	<i>Dora Murray</i>				Mother's Birthplace	<i>State,</i>	
Name of person giving information	<i>Dora Morris</i>				How related to deceased	<i>mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>About 3 months</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. B. Brown, M.D.</i>
		Address	<i>Calasbord, Md.</i>
Accident or Suicide?			



Name in Full *Ruth Parson*
 Died at *Parson* Town *Caroline* County *MARYLAND*

Date 19*03* Month *12* Day *31* Age *11* Y. M. D. Native of *md* Occupation *—*
 Sex *Female* Race *White* Married *X* Single *X* Widower *X* Divorced *X* Number of children living *—*

Husband of *—*

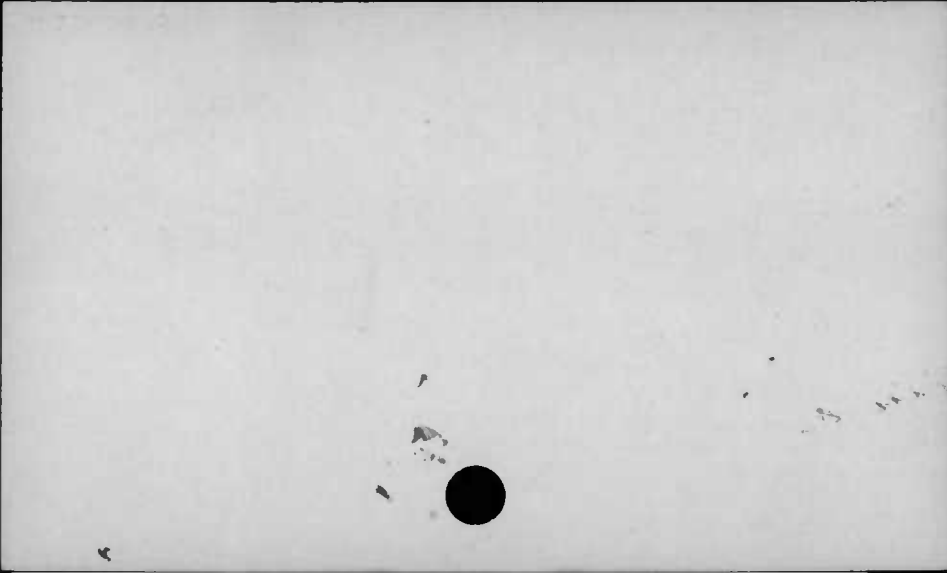
Wife
 Father's Name *John Parson* Mother's Maiden Name *Lower*

Cause of Death { Primary *Tonsillitis* How long sick *1 week*
 Immediate *Asphyxia from Complications with Diphtheria* Accident, Suicide, Homicide

Reported by *J. L. Noble*

Address *Parson Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sadie Pritchett,

CERTIFICATE OF DEATH

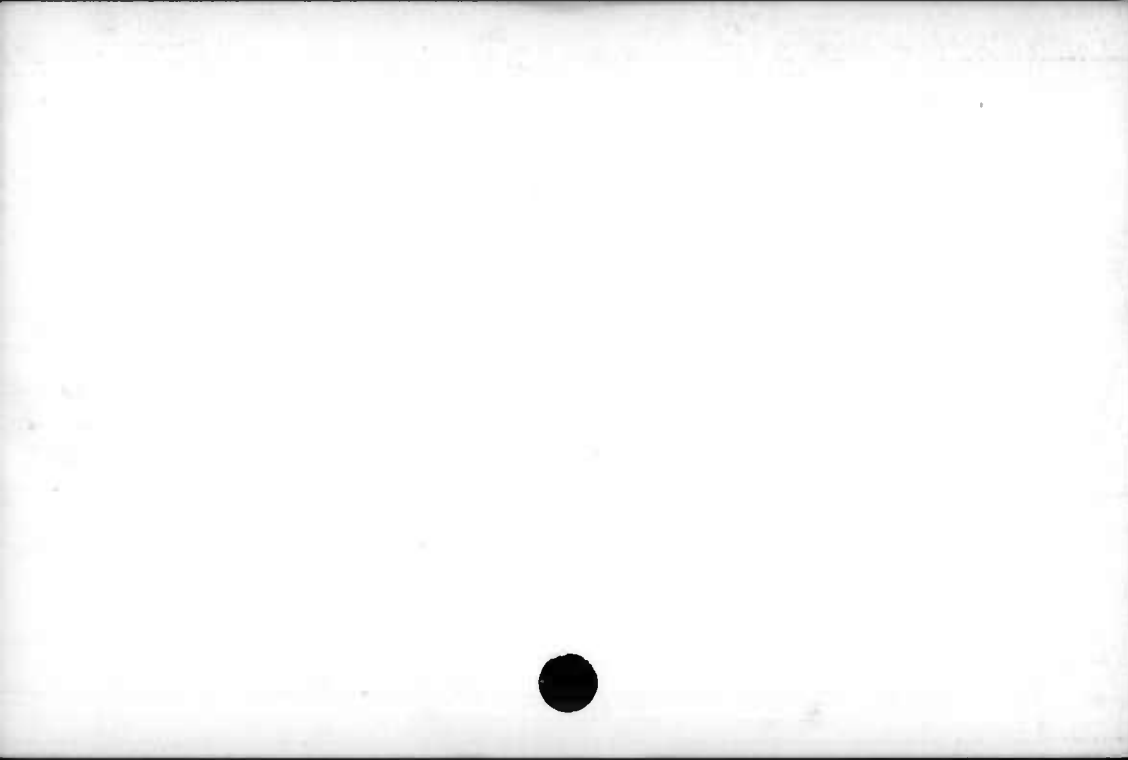
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Jumpton</i>		^{County} <i>Caroline</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>12</i>	Day <i>24</i>	Years <i>23</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>Mulatto</i>		Birth-place <i>Maryland</i>	
Occupation			Where Residing if not at place of death		
Married Single or Widow		Name of Wife or Husband			
Father's Name <i>Alex. Pritchett.</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Anne Maria Pritchett</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving Information <i>John N. Pritchett</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>one year</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. S. Stone</i>
	Address <i>Ridgely Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marydel</i>		County <i>Caroline</i>		MARYLAND		
Date of death <i>1903</i>	Month <i>12</i>	Day <i>2</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Marydel</i>		Occupation <i>Seaman</i>		Where Residing if not at place of death
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>				
Father's Name <i>Harry H. Smith</i>		Father's Birthplace <i>Marydel</i>		Mother's Maiden Name <i>Lillie G.</i>		
Mother's Birthplace <i>Marydel</i>		Name of person giving Information <i>Harry H. Smith</i>		How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>1 wk</i>
Immediate <i>exhaustion of heart</i>	How long <i>2 da</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jas. E. Galloway</i>
	Address <i>Lemperville</i>
Accident or Suicide? <i>No</i>	

OK

Mary, E. Smith

17 March 1911

Name
in
Full

Martha May Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month		Day		Age	
3		Dec.		1 st		9	
Sex		Color or Race		Birth-place		Days	
Female		white		Md.		24	
Married, Single (Widowed)				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Alga Thomas				Md.			
Mother's Maiden Name				Mother's Birthplace			
Edith Knox				Md.			
Name of person giving information				How related to deceased			
Alga Thomas				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Failure of coronary artery	How long	During life
Immediate	Lack of oxygen to blood	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. DuHadway	
		Address	
		Fauling Creek	
		Md.	
Accident or Suicide?			

